

## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated or corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30743

7590

12/08/2003

WHITHAM, CURTIS & CHRISTOFFERSON, P.C.  
 11491 SUNSET HILLS ROAD  
 SUITE 340  
 RESTON, VA 20190

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## Certificate of Mailing or Transmission

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/909,835	07/23/2001	Hiroyuki Tanaka	N36-134375M/TH	2206

TITLE OF INVENTION: OPTICAL MODULE FOR COUPLING AN OPTICAL SEMICONDUCTOR ELEMENT HAVING A SEALING CAP WITH AN OPTICAL FIBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, JOHN D	2874	385-094000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Whitham, Curtis  
 & Christofferson, P.C.

2 \_\_\_\_\_  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nippon Sheet Glass Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Osaka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent);

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment  
 Deposit Account Number 50-2041 (enclose an extra copy of this form).

## DEFICIENCIES

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

02/26/2004 MBELETE2 00000098 09909835

(Authorized Signature) Michael E. Whitham (Date) 02/23/04  
32,635

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

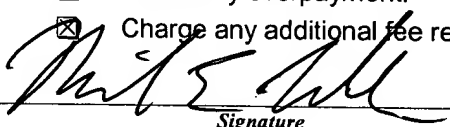
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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WHITHAM, CURTIS &  
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 CHRISTOFFERSON, P.C.

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<b>TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)</b> (37 C.F.R. 1.311)			Docket No. 02410247AA	
Applicant(s): Tanaka				
Serial No. 09/909,835	Filing Date 07/23/2001	Examiner J. Lee	Group Art Unit 2874	Confirmation No. 2206
Invention: <b>OPTICAL MODULE FOR COUPLING AN OPTICAL SEMICONDUCTOR ELEMENT HAVING A SEALING CAP WITH AN OPTICAL FIBER</b>				
<p style="text-align: center;"><b>Mail Stop Issue Fee</b> <b>TO THE COMMISSIONER FOR PATENTS</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b></p> <p>Transmitted herewith are the following for the above-identified application.</p> <p><input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85</p> <p><input checked="" type="checkbox"/> Utility Fee: \$ 1360.00    <input type="checkbox"/> Design Fee: _____    <input type="checkbox"/> Plant Fee: _____</p> <p><input checked="" type="checkbox"/> Publication Fee: \$ 300.00</p> <p><input checked="" type="checkbox"/> A check in the amount of \$1,660.00 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-2041 as described below.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p> Signature</p> <p>Dated: February 23, 2004</p> <p>Michael E. Whitham Reg. No. 32,635</p> <p>Whitham, Curtis &amp; Christofferson, P.C. 11491 Sunset Hills Road, Suite 340 Reston, VA 20190 (703) 787-9400 Customer Number 30743</p> <p>CC:</p> <div><p><b>Certificate of Transmission by Facsimile</b> This certificate may only be used if paying by deposit account.</p><div><p>I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax _____) on _____</p><p>Date</p><p>Signature</p><p>Typed or Printed Name of Person Signing Certificate</p></div></div> <div><p><b>Certificate of Mailing by First Class Mail</b></p><div><p>I certify that this document and fee is being deposited with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>Signature of Person Mailing Correspondence</p><p>Typed or Printed Name of Person Mailing Correspondence</p></div></div>				